

SAN DIEGO PUBLIC LIBRARY

APPLICATION FOR LIBRARY-BY-MAIL SERVICES

Please Print or type:

Name _____ Date _____

Address _____
Number Street Name Apt/Space #

Email Address _____

City _____ Zip Code _____ Telephone _____

ID # or Library card number _____

The San Diego Public Library's Homebound Services provides library materials to patrons who are unable to visit the library due to physical illness or disabilities, and who do not have family or friends that are able to provide this service.

Indicate why you are requesting Homebound services:

Library-By-Mail service is provided to homebound patrons with significant visual impairment (persons whose visual disability, with correction and regardless of optical measurement, is certified by a competent authority as preventing the reading of standard printed material)

Indicate why you are requesting Library-By-Mail service: (Check all that apply)

I am homebound I have significant visual impairment, as stated above

(See other side to complete form)



SAN DIEGO PUBLIC LIBRARY APPLICATION FOR LIBRARY-BY-MAIL SERVICES

I will be responsible for all materials borrowed on my library card.
I understand that there is a charge for lost, damaged & stolen material.

I agree that the information I have provided is true and that I have been informed of and understand the rules and procedures for Library-By-Mail library services.

Signature _____

Name _____ (Print)

*To be completed by certifying authority (Doctor, Nurse, Librarian, Social Worker).
I certify the applicant has the disability described above, making them eligible for
Homebound and/or Library-By-Mail service.*

Print name of certifying authority

Signature of Certifying Authority

Title/Occupation

Date: _____ Telephone (Daytime) _____

